

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540063

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4	/		/				54						
5		4		/			55						
6		4		/			56						
7		4		/			57						
8		4		/			58						
9		4		/			59						
10		4		/			60						
11		4		/			61						
12		4		/			62						
13		4		/			63						
14		4		/			64						
15		4		/			65						
16		4		/			66						
17		4		/			67						
18		4		/			68						
19		4		/			69						
20		4		/			70						
21		4		/			71						
22		4		/			72						
23		4		/			73						
24		4		/			74						
25	/		/				75						
26		4		/			76						
27		4		/			77						
28	/		/				78						
29		4		/			79						
30		4		/			80						
31		4		/			81						
32		4		/			82						
33		4		/			83						
34		4		/			84						
35		4		/			85						
36		4		/			86						
37		4		/			87						
38		4		/			88						
39		4		/			89						
40		4		/			90						
41		4		/			91						
42		4		/			92						
43		4		/			93						
44		4		/			94						
45		4		/			95						
46		4		/			96						
47		4		/			97						
48		4		/			98						
49		4		/			99						
50		4		/			100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	41	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			45				TOTAL CLAIMS						